BETWEEN:	THE OWNER TOWN TROPIETS
License Fee Management Branch, ARM	: Program Code: 02120
and Regional Licensing Sections	: Status Code: 0 : Fee Category: 7C 2B : Exp. Date: 20140630 : Fee Comments: : Decom Fin Assur Reqd: N
LICENSE FEE TRANSMITTAL	
A. REGION	
1. APPLICATION ATTACHED Applicant/Licensee: SAINT JOSEPH RE Received Date: 20050909 Docket No: 3013685 Control No.: 314824 License No.: 13-02650-02 Action Type: Amendment	GIONAL MEDICAL CNTR.
2. FEE ATTACHED Amount: Check No.:	
3. COMMENTS Signed Date	D.A. Hersey
B. LICENSE FEE MANAGEMENT BRANCH (Check	when milestone 03 is entered //)
1. Fee Category and Amount:	
2. Correct Fee Paid. Application may be Amendment Renewal License	pe processed for:
3. OTHER	
Signed _ Date _	

(FOR LFMS USE)
INFORMATION FROM LTS